STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023025	A. BUILDING: _____ B. WING _____	10/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELTERN'S HOUSE	1701 RESEARCH PARK DR LAWRENCE, KS 66047

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/08/26. The facility reported a census of 12 residents with three included in the sample.	S 000		
S5171 SS=E	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) Based on observation, interview, and record review, the facility failed to ensure a licensed nurse completed an assessment for bed rail safety and without risk of entrapment for Residents (R) 1 and R3. Findings included: - Record review for R1 revealed an admission date of 09/24/26 with a diagnosis of dementia. The 09/25/26 admission Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; was unable to perform management of medications and treatments; was incontinent of bowel and bladder, had short-term memory, long-term memory, memory recall, and decision-making difficulties; was at risk of falls; and had impaired decision making.	S5171		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5171	Continued From page 1	S5171		

The 09/25/26 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HSP) identified facility staff would provide R1 assistance with one to two staff with bathing, dressing, toileting, transfers, and walking/mobility; staff managed medications and treatments; and indicated R1 had a bed rail.

Review of "Resident Roster" provided by facility on entrance revealed R1 and R3 had bed assistive devices.

Review of "Restraints: Side Rail Utilization Assessment" dated 09/25/26 revealed R1 had a bed assistive device. The assessment failed to indicate any zones of entrapment and their corrective action taken to keep zone less than 4.75 inches, placement of device on bed, and stability of device indicating proper installation.

Observation on 10/08/26 at 03:15 PM revealed a bed cane to the left side of R1's bed with an opening greater than 4.75 inches. With minimal pressure, the bed cane pulled out from under the mattress.

On 10/08/26 at 03:21 PM Administrative Staff A confirmed R1's bed cane had a zone of entrapment greater than 4.75 inches and there was no strap to secure it to the bed which allowed it to freely be pulled away from bed.

- Record review for R3 revealed an admission date of 10/07/25 with a diagnosis of diabetes mellitus.

The 10/07/26 FCS identified R3 required physical assistance with dressing, transfers, and mobility; was unable to perform bathing, toileting, and management of medications and treatments; was

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S5171	Continued From page 2 incontinent of bladder; had short-term memory, long-term memory, memory recall, and decision-making difficulties; and had impaired decision-making. The 10/07/26 combined NSA/HSP identified facility staff would provide R3 assistance with one staff with dressing, transfers, and mobility; R3 depended on staff for bathing and toileting; staff ordered and administered medications and treatments; and R3 had a bed rail. Review of "Restraints: Side Rail Utilization Assessment" dated 10/07/25 revealed R3 had a half rail bed assistive device. The assessment failed to indicate any zones of entrapment, placement of device on bed, and stability of device indicating proper installation. On 10/08/26 at 03:18 PM Administrative Staff A confirmed the bed assist device assessment failed to include any assessment of the device itself to ensure no zones of entrapment and proper installation. The facility failed to ensure a licensed nurse completed an assessment for bed rail safety and without risk of entrapment for R1 and R3.	S5171		